

<b>Meeting title:</b>	Trust Board (public)	<b>Paper I</b>
<b>Date of the meeting:</b>	Thursday 06 October 2022	
<b>Title:</b>	Emergency Preparedness, Resilience and Response (EPRR) Annual Report	
<b>Report presented by:</b>	Jon Melbourne, Chief Operating Officer	
<b>Report written by:</b>	Mo Patel, EPRR Manager	

<b>Action – this paper is for:</b>	Decision/Approval		Assurance	X	Update	
<b>Where this report has been discussed previously</b>	N/A					

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

The relevant risks attributed to this plan are as follows:

- Risk 3123, 3214, 3125, 3126 & 3291 – Business Continuity - *Impacting Industrial Action, Utilities, IM&T, Supply Chain or Fuel*
- Risk 3282 & 3899 – Chemical, Biological, Radiological and Nuclear (CBRN) Plan and relevant Decontamination Facilities
- Risk 3281 – Bomb Threat or Suspect Package
- Risk 3284 – Cold Weather
- Risk 3289 – EPRR Arrangements
- Risk 3292 – Heatwave
- Risk 3294 – Major Incident
- Risk 3296 – Pandemic Flu
- Risk 3654 – Impact of COVID-19

**Impact assessment**

This work supports meeting the Trust's emergency preparedness, resilience and response (EPRR) responsibilities under the Civil Contingencies Act (2004) and NHS England's Core Standards for EPRR which are audited on an annual basis.

This provides the Trust Board an annual update against its EPRR arrangements for the period of August 2021 – August 2022, to help ensure we are well prepared to respond to any disruptive challenge or emergency and serve the patients and community irrespective of the circumstances we face.

**Acronyms Used**

AEO – Accountable Emergency Officer  
 CBRNe – Chemical, Biological, Radiological, Nuclear and Explosives  
 CMG – Clinical Management Group  
 EPRR – Emergency Preparedness, Resilience & Response  
 LHRP – Local Health Resilience Partnership  
 LLR – Leicester, Leicestershire & Rutland  
 LRF – Local Resilience Forum  
 MACA – Military Aid to Civil Authorities  
 RSV – Respiratory Syncytial Virus  
 UHL – University Hospitals of Leicester  
 VHF – Viral Haemorrhagic Fever

## **Purpose of the Report**

The purpose of this report is to assure the Trust Board on the progress made in the Trust's EPRR arrangements. This report sets out, for the period of August 2021 – August 2022, updates on:

- EPRR governance arrangements;
- Compliance with NHS England's Core Standards for EPRR;
- EPRR work programme;
- EPRR policies and plans;
- EPRR training, testing and exercising; and
- Miscellaneous update.

## **Recommendation**

Members of Trust Board are asked to:

- Note the progress made against the EPRR work programme;
- Review and agree the key priorities for the Trust in the next 12 months relating to EPRR.

## **Summary**

The EPRR Team has undertaken significant work in the last 12 month period, and has continued to deliver against the work described in the agreed EPRR Work Programme. This has included reviewing and updating the EPRR and Business Continuity Policies, development of the new Mass Countermeasures, Viral Haemorrhagic Fever & Relatives Reception Centre plans as well as the continued rollout of Business Continuity Toolkits across the organisation. In addition to this, a handful of training sessions have been held to support personnel in key on call positions, and communications and table-top exercises have been held to ensure EPRR requirements have been met.

Alongside the continued delivery of the EPRR Work Programme, the EPRR Team has continued to support the Trust in preparing for, responding to, and recovering from multiple waves of COVID-19, support the Trust in preparing for monkeypox, maintaining an Incident Coordination Centre and being the Single Point of Contact for the organisation to receive letters and directives from commissioners and partners.

The EPRR Team has completed its annual self-assessment against NHS England's Core Standards for EPRR, which provisionally sees the Trust as being fully compliant against 52 of the 64 standards. This sees the organisations overall compliance rating as being 'partially compliant'. The new core standards released in August 2022 now require Trust's to update plans annually, provide more frequent training, testing and exercising for all of its plans to key personnel across UHL. Additionally, a further 18 parameters have been included this year, relating to the plans required, cooperation, training and exercising, and warning and informing.

A retrospective completion of last years' core standards was also conducted, and it is deemed that the Trust would have remained at being substantially complaint (89%) against the previous year's iteration. Therefore, while the Trust has moved to being 'partially compliant' due to the timing of the new core standards being released, we are confident with the plans in place in order to be substantially compliant against NHS England's EPRR Core Standards, meaning we will be fully compliant with 89 – 99% of the standards by August 2023.

## **Main report detail**

### **EPRR Governance Arrangements**

To support the statutory and non-statutory requirements for EPRR, the Trust has an Accountable Emergency Officer (AEO) with the strategic responsibility for EPRR and for providing assurance to the Trust Board that UHL is meeting its requirements. This is fulfilled by the Chief Operating Officer, Jon Melbourne.

All non-executive directors are required to assure themselves against the Trust’s EPRR arrangements.

The Trust has an established EPRR Board to ensure it delivers against its obligations. This is chaired by the Deputy Chief Operating Officer (Sarah Taylor) and its membership includes senior members of staff, from each clinical management group (CMG) and a number of corporate services. In the period covered by this report, the EPRR Board met on 07 December 2021, 17 February 2022, and 09 June 2022.

The EPRR Team leads on the operational delivery of the Trust’s EPRR Work Programme, and the team consists of a full-time EPRR Manager (Mo Patel), a full-time Deputy EPRR Manager (post currently vacant), a fixed-term EPRR Officer (Jonathan Broadbridge), a fixed-term COVID-19 Inquiry Officer (Tony Mills) and a part-time Emergency Planning Assistant (Katie Leah).

The Trust works closely with multi-agency partners to ensure all of our emergency plans are joined up and best able to meet the needs of the local communities that we serve. As part of this, the Trust is represented at a number of local and regional groups, at the Local Resilience Forum (LRF) for Leicester, Leicestershire & Rutland (LLR) and with our Local Health Resilience Partnership (LHRP).

### **Compliance with NHS England’s Core Standards for EPRR**

NHS England’s core standards for EPRR are split into ten domains, and they are the minimum standards which NHS organisations and providers must meet to comply with the requirements of NHS England’s EPRR Framework, the NHS Contract and the Civil Contingencies Act (2004).

For the 2022/23 self-assessment, NHS England conducted a significant overhaul of the 64 standards. This included strengthening the organisational requirements to reach full compliance against the respective standards. Providers are now required to review plans annually, with training, testing and exercising all to be delivered on a more frequent basis.

The self-assessment was undertaken by the Trust’s EPRR Manager This projects that UHL is fully compliant with 52 of the 64 standards, and partially compliant with the remaining 12 standards. This forecasts UHL to be ‘partially compliant’ (between 77 – 88%) of the relevant NHS Core Standards for EPRR.

The projected position is available in the table below alongside previous years’ assessments. The 2021/22 review process was streamlined, given the existing COVID-19 pressures and the ongoing review of the core standards.

<b>Year</b>	<b>Applicable Standards</b>	<b>Fully Compliant</b>	<b>Partially Compliant</b>	<b>Non Compliant</b>	<b>% Compliant</b>	<b>Overall Rating</b>
2020/21	64	59	5	0	92.2%	Substantially Compliant

2021/22	46	41	5	0	89.1%	Substantially Compliant
2022/23	64	52	12	0	81.3%	Partially Compliant

In order to improve compliance against NHS England's EPRR Core Standards, the key priorities are:

- Develop a new CBRNe Plan and an Evacuation & Shelter Plan;
- A full review of the Trust's plan for Lockdown and Mass Casualty Incidents, including the development of local lockdown procedures for all 63 locations in the Trust;
- Complete the roll-out of Business Continuity Toolkits across the organisation, this includes developing off the shelf exercises for services / departments to utilise and also developing a process to ensure commissioned suppliers are audited;
- Develop a table-top exercise to assess the Mass Countermeasures and CBRNe Plans;
- Developing and providing training to key personnel across the Trust at an operational, tactical and strategic level to support their respective roles in an incident response.

A detailed action plan to become fully compliant against any partially compliant standards is available below.

Standard	UHL Position	Actions
<b>Domain 3 – Duty to manage plans</b>		
#14: Countermeasures: The Trust has arrangements in place to support an incident requiring (mass) countermeasures, through arrangements for administration, reception & distribution.	Partially Compliant: The Trust has in place a Mass Countermeasures Plan (V1.0, August 2022).	Conduct a table-top exercise to test the use of the Mass Countermeasures Plan.
#15: Mass Casualty: The Trust has arrangements in place to respond to an incident with mass casualties.	Partially Compliant: The Trust has in place a Major Incident & Mass Casualty Plan (V1.0, May 2020).	Review and update the existing plan, including developing the operational detail for every CMG.  To test and exercise the updated plan.
#16 Evacuation & Shelter: The Trust has arrangements in place to evacuate and shelter patients, staff and visitors.	Partially Compliant: The Trust has in place Fire Evacuation Plans and an Evacuation Plan (V1.0, September 2016)	To develop a new Evacuation & Shelter Plan based off the latest <u>NHS England guidance</u> released in 2021.  To test and exercise the updated plan.

<p>#17 Lockdown: The Trust has arrangements in place to control access and egress for patients, staff and visitors to and from the organisation's premises and key assets in an incident.</p>	<p>Partially Compliant: The Trust has in place a Bomb Threat, Suspect Package &amp; Lockdown Plan (V1.1, March 2020).</p> <p>The Trust has in place a Lockdown Policy (V1.0, April 2019).</p> <p>The Trust has 48/63 local lockdown procedures in place, and all of its building and site-wide lockdown procedures in place.</p>	<p>To review and update the Lockdown Plan and Policy.</p> <p>To complete the outstanding 15 local lockdown procedures.</p>
<p>Domain 6 - Response</p>		
<p>#26 Decision Logging: To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure the Trust has 24 hour access to a trained loggist(s) to ensure support to the decision maker.</p>	<p>Partially Compliant: The Trust has 40+ trained individuals to support in an incident response.</p> <p>The last time a group training session for loggists was provided was in 2020.</p>	<p>Annual refresher training to be provided for all loggists.</p> <p>This ensures staff are happy to remain as a named loggist and their competencies are maintained.</p>
<p>Domain 7 – Warning &amp; Informing</p>		
<p>#35: Communication with partners &amp; stakeholders</p>	<p>Partially Compliant: The Trust's Incident Response Plan has documented arrangements for communicating with staff (in &amp; out of hours) and key stakeholders.</p>	<p>To develop a list of local key stakeholders and establish a process to brief these personnel, and an effective process to communicate to patients, family &amp; friends individually in response to an incident.</p>
<p>Domain 9 – Business Continuity</p>		
<p>#48: Testing &amp; Exercising: Testing and exercising of Business Continuity Plans annually.</p>	<p>Partially Compliant: The Trust has in place a Business Continuity Plan and a Policy.</p>	<p>Develop a series of off-the-shelf-exercises so services / departments can train, test &amp; exercise their local plans.</p>
<p>#53: Assurance of commissioned providers / suppliers BCPs</p>	<p>Partially Compliant: The Trust has in place a Business Continuity Plan and Policy</p>	<p>Develop a Supplier Auditing Process, to ensure key suppliers / providers have adequate Business Continuity arrangements.</p>
<p>Domain 10 – CBRNe</p>		
<p>#55: Telephony advice for CBRNe exposure</p>	<p>Partially Compliant: The Trust has in place a CBRN Plan (V4.0, September 2018).</p>	<p>The new CBRNe plan will include key contacts that can provide guidance to support the management of patients involved in CBRNe incidents.</p>

#56: HAZMAT / CBRNe planning arrangements	Partially Compliant: The Trust has in place a CBRN Plan (V4.0, September 2018).	The new CBRNe plan will provide updated guidance on how the Trust responds to HAZMAT / CBRNe incidents.
#58: Decontamination capacity availability 24 / 7	Partially Compliant: The Trust has decontamination facilities that have 7x shower heads available.  These facilities currently have a number of shortcomings, primarily in relation to the drainage, ventilation and storage systems.	To investigate and resolve the functionality of the Decontamination Facilities in the Emergency Department.
#67: Staff Training – Decontamination	Partially Compliant: Dates to train staff in the Emergency Department have been scheduled, and materials to support the decontamination of patients have been developed by the CBRNe Training Lead.	Training needs to be provided to staff in the Emergency Department to support the identification and management of patients requiring isolation and decontamination prior to treatment.

In addition to Core Standards, NHS England utilise the self-assessment to undertake a deep dive into a specific area. Importantly, this does not impact the Trust’s overall EPRR assurance rating and they are reported separately. For 2022/23, this was on the Trust’s Evacuation & Shelter arrangements, the outcomes of which are available below.

Year	Deep Dive Standards	Fully Compliant	Partially Compliant	Non Compliant
2020/21	13	2	11	0

An action plan to become fully compliant against the 11 partially compliant standards has been developed, and this is integrated into the wider project plan for the delivery of the Trust’s new Evacuation & Shelter Plan.

### EPRR Work Programme

Following the release of the updated EPRR Core Standards, a comprehensive review of the Trust’s EPRR arrangements was undertaken in August 2022, and an ambitious 3-year EPRR work programme has been developed to ensure UHL is meeting all of its requirements.

During the last 12 months, the EPRR Team have been updating the EPRR Work Programme to ensure the Trust is prioritising work which will enable it to improve its compliance against the Core Standards, although the ability to do this was compromised by supporting the Trust’s continued response to the COVID-19 pandemic, including maintaining an operational COVID-19 Incident Coordination Centre and being the Single Point of Contact for letters, directives and information requests into the organisation.

Following the review of the EPRR Work Programme, the EPRR Team are now forecast to achieve substantially compliant against the new core standards in its next-self assessment which is

expected to be undertaken in the summer months of 2023, with a view to reach full compliance over the next 36 months.

In addition to the key projects that have been listed above, the EPRR Team will also be:

- Developing a new Excess Deaths & Mass Fatalities Framework;
- Reviewing and updating the Demand, Capacity & Escalation Plan (in line with the Whole Hospital Policy);
- Conducting an in-depth review of its Business Continuity and Severe Weather Plans;
- Conducting two communications-exercises; and
- Supporting LLR partners with the development and facilitation of EPRR exercises for health partners.

## **EPRR Policies and Plans**

A significant proportion of the EPRR Work Programme is focused on reviewing the Trust's existing EPRR plans, policies and procedures. In the 12 months covered by this report, the majority of the planned work focused on the development of, or a significant update to the following plans:

- EPRR Policy;
- Business Continuity Policy;
- Incident Response Plan;
- Continued rollout of Business Continuity Toolkits to each and every service and department across the organisation. To date, 96 toolkits of the 161 toolkits have been completed (60% of the total required);
- Mass Countermeasures Plan;
- Viral Haemorrhagic Fever (VHF) Plan;
- Relatives Reception Centre Plan.

A number of other plans and procedures were reviewed in line with their requirements against the updated EPRR Core Standards. A full list of the latest EPRR Plans and Policies are available on the Trust's intranet pages, [here](#).

## **EPRR Training, Testing and Exercising**

Due to the organisations ongoing response to COVID-19, operational pressures and responses to a number of incidents over the last 12 months, the Trust limited its provision of training, testing and exercising to:

- Provide training for Directors on Call to support them fulfilling their role as UHL's Strategic Commander;
- Provide UHL ALERTS training to new members of the Communications Team, in order to send out any alerts out of hours during a potential or actual incident;
- Complete two communications exercises. This was through the use of UHL ALERTS (familiarise staff with the notification system used during an incident) and the Trust's Bleep System (seek assurance that staff can be reached in times of an emergency);
- Develop a winter preparedness table-top exercise for LLR's LHRP;
- Support LLR Prepared with planning and facilitating Exercise Vanya.

## **Miscellaneous Update**

In addition to the above, the EPRR Team supported with the Trust numerous additional projects, most notably:

- Maintaining the Trust's COVID-19 Incident Coordination Centre, including the management of the Trust's Single Point of Contact (SPOC) mailbox;
- Supporting the Trust in the development of Standard Operating Procedures to support the management of patients with a possible or confirmed Variant of Concern (VoC);
- Reviewing and updating the Trust's UHL COVID-19 Escalation Framework to prepare for the winter surge of COVID-19, through the identification of additional surge areas to be opened if the Omicron variant resulted in a sharp and significant surge in hospital admissions;
- Coordinating the response to the world-wide shortage of Becton Dickinson's Blood Tubes for UHL and LLR health partnership;
- Supporting the Trust in preparing for the forthcoming COVID-19 Public Inquiry which has commenced in spring 2022; and
- Developing an Ash Field Academy Evacuation Plan, to provide the school a temporary place of safety at the Leicester General Hospital.

## **Conclusion**

The EPRR agenda continues to remain at a high profile within UHL. The EPRR Team continues to balance the delivery of its EPRR Work Programme, the ongoing requirements to maintain an Incident Coordination Centre, and preparation for the COVID-19 Public Inquiry.

While the 2022/23 self-assessment projects the Trust as being 'partially compliant' with the EPRR standards the Trust has reviewed the new set of core standards with a view to improve to a 'substantially compliant' position (88 – 99%) over the next 12 months.

## **Supporting documentation**

No supporting documentation is attached to this paper.